

Fourth Kentucky Volunteer Infantry, Inc.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate (Cell/Work): \_\_\_\_\_

Military Service (If Any): \_\_\_\_\_

Hobbies & Special Skills: \_\_\_\_\_

Are you willing to travel as part of the Unit to reenactments & other events out of state?

Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

Are you willing to follow the orders of the officers & NCOs elected over you, as long as such orders do not violate civil law or moral standards? No \_\_\_\_\_

Have you ever been a member of any other reenactment or living history organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, state the organizations, dates, & locations: \_\_\_\_\_

Are you familiar with the care & handling of black powder firearms?

Yes \_\_\_\_\_ No \_\_\_\_\_

Having read the standard operating procedure & authenticity regulation, do you agree to abide by & support them? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a convicted felon? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby agree and promise not to hold the Fourth Kentucky Volunteer Infantry, Inc., or any members thereof liable for any personal injury, property damage, or any other liability whatsoever arising from my participation in any activity of said unit, to include the use of black powder firearms.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

(If applicant is under age 18)

Please complete & return this form, along with a check for \$10.00 (made payable to 4TH KY VOL. INF., INC.) to: Bill Neikirk, P.O. Box 814, Somerset, KY 42502. This fee covers recruit dues & newsletter subscription for the calendar year.

Please tell us where or from whom you obtained this form? \_\_\_\_\_

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